

Building Permit Application - Hospitals and Institutions

Enter/Approve _____	DATE _____
PAID _____	DATE _____

City of Lake Jackson
25 Oak Drive
Lake Jackson, TX 77566
(979) 415-2430 Fax (979) 297-9804

OFFICE USE ONLY
APPLICATION # _____

Address: _____ BLDG I.D. = SUBD. _____ BLK _____ LOT _____

Description of Work: _____ Total Estimated Value \$ _____

Contractor: _____ Address: _____ Phone: _____

Owner/Other: _____ Address: _____ Phone: _____

Type of Building: _____ Floor Covering _____ # of Parking Places _____

Construction Type: _____ Finished Floor Elevation _____ Roof Covering _____

Occupancy Type: _____ Foundation: _____ Size Restaurant/Café Sq Ft _____

Roof Type: _____ Fireplaces: _____ Size Mechanical Room _____

Fence Type: _____ # of Sprinkler Heads _____ Siding _____

Stand Pipe Flag: _____ Interior Finish _____ Living Area Size _____

Flood Zone: _____ Institutional Restrained _____ Foyer/Waiting Area Sq Ft _____

of Bathrooms: _____ Unrestrained _____ Total Square Feet _____

of Bedrooms: _____ Largest Dimension Sq Ft _____ # of Stories _____

Bathrooms (Handicap) _____ Meeting Room Sq Ft _____ Total Lot Sq Feet _____

Driveways/Sidewalks _____ # of Lavatorys _____ Total Percentage Landscaping _____

Draft Stops Per Unit: _____ # of Urinals _____ Total Sq Ft Per Floor _____

Demising Walls: _____ # of Water Closets _____ Set Back From Front _____

Size of Alternate Exits _____ # of X-Ray Machines _____ Set Back From Rear _____

of Exits _____ # of X-Ray Machines _____ Set Back From Left Side _____

Size of Main Exit _____ Patio Foundation Types _____ Set Back From Right Side _____

Permit Issued To _____ Address: _____ Amount: _____

Signature: _____ Phone: _____

Application for Electrical Permit

Contractor: _____ Address: _____ Phone: _____

Master: _____ License #: _____

Work Description: _____

Each outlet/switch/lighting fixture: _____ Each 2 Pole Circuit _____ Each 3 Pole Circuit _____

Each Trash Compactor/Garbage Disposal/Dishwasher _____ Meter Loop _____ T- Pole _____

Motors: 0 to 10 HP _____ 10 to 50 HP _____ 50 ton & Greater _____ Each Panel _____

Date Paid: _____ Amount: _____

Application for Plumbing Permit

Contractor: _____ Address: _____ Phone: _____

Master: _____ Master License #: _____

Work Description: _____

Each Drain _____ Each Sewer Main _____ Each Cold Water Outlet _____ Each Hot Water Outlet _____

Each Gas Outlet _____ Date Paid: _____ Amount: _____

Application for Mechanical Permit

Contractor: _____ Address: _____ Phone: _____

Master: _____ Master License #: _____

Work Description: _____

Motors: 0 to 5 ton _____ 5 to 10 ton _____ 10 to 50 ton _____ 50 ton & Greater _____

Date Paid: _____ Amount: _____

Application for Tap and Sewer Fee

Size _____ Sewer _____

Location _____ Date _____

OTHER _____ Amount: _____

Total Amount: _____